



A **xerox** Company

## Service Center Operational Information

Please Type or Print Clearly:

### Submitter Information:

NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
CONTACT NAME FOR REJECTS:			
PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	

### Electronic Transaction Desired (MUST test for each prior to Production):

- |   |   |
|---|---|
| <input type="checkbox"/> Eligibility Req/Resp (270/271)                   | <input type="checkbox"/> Remittance Advice (835)      |
| <input type="checkbox"/> Claims Status Req/Resp. (276/277)                | <input type="checkbox"/> Dental Claims (837-D)        |
| <input type="checkbox"/> Service Authorizations (278/278)                 | <input type="checkbox"/> Institutional Claims (837-I) |
| <input type="checkbox"/> Premium Payment for Enrolled Members (820)       | <input type="checkbox"/> Professional Claims (837-P)  |
| <input type="checkbox"/> Enrollment/Dis-Enrollment to a Health Plan (834) | <input type="checkbox"/> Pharmacy Claim (NCPDP)       |

### Software Vendor Information:

SOFTWARE VENDOR:		CONTACT NAME:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:	FAX NUMBER:	EMAIL ADDRESS:	

### To Be Completed By ACS:

SERVICE CENTER NUMBER:	PROVIDER MASTER FILE UPDATED: Date:
SERVICE CENTER FILE UPDATED: Date:	SERVICE CENTER PUT INTO PRODUCTION: Date:
SERVICE CENTER PUT INTO TEST: Date:	NOTES:

Fax to: 1-888-335-8460 or  
Email to: [Virginia.EDISupport@acs-inc.com](mailto:Virginia.EDISupport@acs-inc.com) or  
Mail Original to:  
Affiliated Computer Services, Inc.  
A Xerox Company  
EDI Coordinator  
Virginia Medicaid Fiscal Agent Services  
P.O. Box 26228  
Richmond, VA 23260-6228  
866-352-0766